

1 VIRGINIA ACTS OF ASSEMBLY — CHAPTER

2 *An Act to amend and reenact §§ 32.1-282, 54.1-2952, and 54.1-2957 of the Code of Virginia, relating to*
3 *appointment of physician assistants and nurse practitioners as medical examiners.*

4
5 Approved [H 1435]

6 **Be it enacted by the General Assembly of Virginia:**

7 **1. That §§ 32.1-282, 54.1-2952, and 54.1-2957 of the Code of Virginia are amended and reenacted**
8 **as follows:**

9 **§ 32.1-282. Medical examiners.**

10 A. The Chief Medical Examiner shall appoint for each county and city one or more medical
11 examiners, who shall be licensed to practice as a doctor of medicine or osteopathic medicine, a
12 physician assistant, or a nurse practitioner in the Commonwealth and appointed as agents of the
13 Commonwealth, to assist the Office of the Chief Medical Examiner with medicolegal death
14 investigations. A physician assistant appointed as a medical examiner shall have a practice agreement
15 with and be under the continuous supervision of a physician medical examiner in accordance with
16 § 54.1-2952. A nurse practitioner appointed as a medical examiner shall have a practice agreement with
17 and practice in collaboration with a physician medical examiner in accordance with § 54.1-2957.

18 B. Each medical examiner appointed pursuant to subsection A shall take office on the first day of
19 October of the year of appointment. The term of each medical examiner so appointed shall be three
20 years.

21 C. The Chief Medical Examiner shall fill any medical examiner vacancy for the unexpired term and
22 shall make any necessary temporary appointments.

23 **§ 54.1-2952. Supervision of assistants by licensed physician, or podiatrist; services that may be**
24 **performed by assistants; responsibility of licensee; employment of assistants.**

25 A. A physician or a podiatrist licensed under this chapter may apply to the Board to supervise
26 assistants and delegate certain acts which constitute the practice of medicine to the extent and in the
27 manner authorized by the Board. The physician shall provide continuous supervision as required by this
28 section; however, the requirement for physician supervision of assistants shall not be construed as
29 requiring the physical presence of the supervising physician during all times and places of service
30 delivery by assistants. Each team of supervising physician and physician assistant shall identify the
31 relevant physician assistant's scope of practice, including, but not limited to, the delegation of medical
32 tasks as appropriate to the physician assistant's level of competence, the physician assistant's relationship
33 with and access to the supervising physician, and an evaluation process for the physician assistant's
34 performance.

35 *Physician assistants appointed as medical examiners pursuant to § 32.1-282 shall be under the*
36 *continuous supervision of a licensed doctor of medicine or osteopathic medicine who has been appointed*
37 *to serve as a medical examiner pursuant to § 32.1-282.*

38 No licensee shall be allowed to supervise more than six assistants at any one time.

39 Any professional corporation or partnership of any licensee, any hospital and any commercial
40 enterprise having medical facilities for its employees which are supervised by one or more physicians or
41 podiatrists may employ one or more assistants in accordance with the provisions of this section.

42 Activities shall be delegated in a manner consistent with sound medical practice and the protection of
43 the health and safety of the patient. Such activities shall be set forth in a written practice supervision
44 agreement between the assistant and the supervising health care provider and may include health care
45 services which are educational, diagnostic, therapeutic, preventive, or include treatment, but shall not
46 include the establishment of a final diagnosis or treatment plan for the patient unless set forth in the
47 written practice supervision agreement. Prescribing or dispensing of drugs may be permitted as provided
48 in § 54.1-2952.1. In addition, a licensee is authorized to delegate and supervise initial and ongoing
49 evaluation and treatment of any patient in a hospital, including its emergency department, when
50 performed under the direction, supervision and control of the supervising licensee. When practicing in a
51 hospital, the assistant shall report any acute or significant finding or change in a patient's clinical status
52 to the supervising physician as soon as circumstances require, and shall record such finding in
53 appropriate institutional records. The assistant shall transfer to a supervising physician the direction of
54 care of a patient in an emergency department who has a life-threatening injury or illness. The
55 supervising physician shall review, prior to the patient's discharge, the services rendered to each patient
56 by a physician assistant in a hospital's emergency department. An assistant who is employed to practice

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57 in an emergency department shall be under the supervision of a physician present within the facility.

58 Further, unless otherwise prohibited by federal law or by hospital bylaws, rules, or policies, nothing
 59 in this section shall prohibit any physician assistant who is not employed by the emergency physician or
 60 his professional entity from practicing in a hospital emergency department, within the scope of his
 61 practice, while under continuous physician supervision as required by this section, whether or not the
 62 supervising physician is physically present in the facility. The supervising physician who authorizes such
 63 practice by his assistant shall (i) retain exclusive supervisory control of and responsibility for the
 64 assistant and (ii) be available at all times for consultation with both the assistant and the emergency
 65 department physician. Prior to the patient's discharge from the emergency department, the assistant shall
 66 communicate the proposed disposition plan for any patient under his care to both his supervising
 67 physician and the emergency department physician. No person shall have control of or supervisory
 68 responsibility for any physician assistant who is not employed by the person or the person's business
 69 entity.

70 B. No assistant shall perform any delegated acts except at the direction of the licensee and under his
 71 supervision and control. No physician assistant practicing in a hospital shall render care to a patient
 72 unless the physician responsible for that patient has signed the practice agreement, pursuant to
 73 regulations of the Board, to act as supervising physician for that assistant. Every licensee, professional
 74 corporation or partnership of licensees, hospital or commercial enterprise that employs an assistant shall
 75 be fully responsible for the acts of the assistant in the care and treatment of human beings.

76 C. Notwithstanding the provisions of § 54.1-2956.8:1, a licensed physician assistant who (i) is
 77 working under the supervision of a licensed doctor of medicine or osteopathy specializing in the field of
 78 radiology, (ii) has been trained in the proper use of equipment for the purpose of performing radiologic
 79 technology procedures consistent with Board regulations, and (iii) has successfully completed the exam
 80 administered by the American Registry of Radiologic Technologists for physician assistants for the
 81 purpose of performing radiologic technology procedures may use fluoroscopy for guidance of diagnostic
 82 and therapeutic procedures.

§ 54.1-2957. Licensure and practice of nurse practitioners; practice agreements.

83 A. The Board of Medicine and the Board of Nursing shall jointly prescribe the regulations governing
 84 the licensure of nurse practitioners. It shall be unlawful for a person to practice as a nurse practitioner in
 85 the Commonwealth unless he holds such a joint license.

86 B. A nurse practitioner shall only practice as part of a patient care team. Each member of a patient
 87 care team shall have specific responsibilities related to the care of the patient or patients and shall
 88 provide health care services within the scope of his usual professional activities. Nurse practitioners
 89 practicing as part of a patient care team shall maintain appropriate collaboration and consultation, as
 90 evidenced in a written or electronic practice agreement, with at least one patient care team physician.
 91 Nurse practitioners who are certified registered nurse anesthetists shall practice under the supervision of
 92 a licensed doctor of medicine, osteopathy, podiatry, or dentistry. *Nurse practitioners appointed as
 93 medical examiners pursuant to § 32.1-282 shall practice in collaboration with a licensed doctor of
 94 medicine or osteopathic medicine who has been appointed to serve as a medical examiner pursuant to
 95 § 32.1-282.* Collaboration and consultation among nurse practitioners and patient care team physicians
 96 may be provided through telemedicine as described in § 38.2-3418.16. Practice of patient care teams in
 97 all settings shall include the periodic review of patient charts or electronic health records and may
 98 include visits to the site where health care is delivered in the manner and at the frequency determined
 99 by the patient care team.

100 Physicians on patient care teams may require that a nurse practitioner be covered by a professional
 101 liability insurance policy with limits equal to the current limitation on damages set forth in
 102 § 8.01-581.15.

103 Service on a patient care team by a patient care team member shall not, by the existence of such
 104 service alone, establish or create liability for the actions or inactions of other team members.

105 C. The Board of Medicine and the Board of Nursing shall jointly promulgate regulations specifying
 106 collaboration and consultation among physicians and nurse practitioners working as part of patient care
 107 teams that shall include the development of, and periodic review and revision of, a written or electronic
 108 practice agreement; guidelines for availability and ongoing communications that define consultation
 109 among the collaborating parties and the patient; and periodic joint evaluation of the services delivered.
 110 Practice agreements shall include a provision for appropriate physician input in complex clinical cases
 111 and patient emergencies and for referrals. Evidence of a practice agreement shall be maintained by a
 112 nurse practitioner and provided to the Boards upon request. For nurse practitioners providing care to
 113 patients within a hospital or health care system, the practice agreement may be included as part of
 114 documents delineating the nurse practitioner's clinical privileges or the electronic or written delineation
 115 of duties and responsibilities in collaboration and consultation with a patient care team physician.

116 D. The Boards may issue a license by endorsement to an applicant to practice as a nurse practitioner

118 if the applicant has been licensed as a nurse practitioner under the laws of another state and, in the
119 opinion of the Boards, the applicant meets the qualifications for licensure required of nurse practitioners
120 in the Commonwealth.

121 E. Pending the outcome of the next National Specialty Examination, the Boards may jointly grant
122 temporary licensure to nurse practitioners.

123 F. As used in this section:

124 "Collaboration" means the communication and decision-making process among members of a patient
125 care team related to the treatment and care of a patient and includes (i) communication of data and
126 information about the treatment and care of a patient, including exchange of clinical observations and
127 assessments; and (ii) development of an appropriate plan of care, including decisions regarding the
128 health care provided, accessing and assessment of appropriate additional resources or expertise, and
129 arrangement of appropriate referrals, testing, or studies.

130 "Consultation" means the communicating of data and information, exchanging of clinical observations
131 and assessments, accessing and assessing of additional resources and expertise, problem-solving, and
132 arranging for referrals, testing, or studies.

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